



Family-Directed Medicaid Services

Background

In 2006, JFAC intent language directed the Department of Health and Welfare to work with the Idaho Council on Developmental Disabilities and other stakeholders to see if parent-directed services for children (similar to self-direction for adults) would work in Idaho. A stakeholder group met and determined that parent-directed services for children would be possible and should be explored further.

In February 2007 a report was provided to the Legislature and a concurrent resolution was passed to convene a task force for the purpose of developing a family-directed service delivery system. The task force was formed, worked through 2007 and developed recommendations.

Purpose of the Task Force Work

Design and develop a Family-Directed Services system for families of minor children with developmental disabilities.

Project Objectives

1. Convene a task force to design and develop a Medicaid model that would permit families of minor children with developmental disabilities to direct their child's Medicaid services.
2. Design a service system that would build on work and infrastructure that was developed in the self-directed program for adults with developmental disabilities and would include an individualized budget based on assessed need, and a robust quality assurance program.
3. Design a service system that would be implemented through a child-centered, family-directed plan.
4. Family-Directed Services will be cost neutral. Family-Directed Services will cost no more on average than current services.
5. Prepare for federal approval for this new service system from the Center on Medicare and Medicaid Services (CMS).
6. Report progress on this effort, including estimated costs, to the Legislature.